

# The Indiana Corn Marketing Council

P.O. Box 1250, Indianapolis, Indiana 46206-1250

## Enrollment Form

### Indiana Corn Marketing Program

**Grain Buyer Information:** (Please print)

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Producer Information:** (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_, IN ZIP: \_\_\_\_\_

I hereby request that I be included in the assessment for the Indiana Corn Marketing Program. I understand this form represents my written request to participate in the Indiana Corn Marketing program voluntary assessment pursuant to the Indiana Corn Market Development Law (IC 15-4-10-26).

I understand \$.005 (½ cent) per bushel marketed assessment will be deducted from my corn settlements beginning with corn marketed on or after **September 15, 2001** and remitted to the Indiana Corn Marketing Council.

I understand that this request shall remain in effect until repealed in writing by myself and delivered to the first purchaser. Any change in participation by me to be included in the assessment or to discontinue the assessment does not take effect until **July 1st** following the delivery of my written election to change.

It is my responsibility to file this form with all first purchasers of my corn crop for proper deduction of the assessment.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

#### For Office Use Only

Date Received \_\_\_\_\_ Effective Date \_\_\_\_\_

Form distribution : Original to Grain Buyer, copy to Producer, copy to Council

**Indiana Corn Marketing Council, P.O. Box 1250, Indianapolis, Indiana 46206-1250**